

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914601
FILING DATE 1/1

APPLICANT(S)

CLAIMS	AFTER 1st AMENDMENT						AFTER 2nd AMENDMENT					
	AS FILED		IND.		DEP.		IND.		DEP.		IND.	
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TOTAL IND.			
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TOTAL CLAIMS	██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy